#### Goal 1: Make it easier for older Arizonans to access an integrated array of state and aging services.

For older Arizonans to fully participate in all aspects of community living, they and their families need access to information, resources, and services through a variety of venues. To this end, public and private organizations can play a leadership role in making it easier for older Arizonans to find and use the services and resources they need, no matter where in Arizona they may live.

Objective 1.1: Pro	ovide information and promote understa	1	1	1	es through a range of multi-media formats.
<u>STRATEGIES</u>		Lead Agency	Key Partner	Start/End	Progress/Accomplishments
				Dates	
a	Enhance information systems to improve access to information related to senior health issues.	AHCCCS		Completed	
b	Review and revise the AHCCCS website to ensure its suitability for an aging population.	AHCCCS	ALTCS Advisory Council	Ongoing	AHCCCS continues to make improvements to its website in order to ensure optimal access for AHCCCS/ALTCS members. For example, AHCCCS is in the process of creating a webpage with informational resources specifically for Arizona Long Term Care System (ALTCS) Members. Informational resources will include topics such as employment, recreation, volunteering, assistive technology, etc.
Objective 1.2: Fac	ilitate an interagency approach towards	a comprehens	ive transit syst	tem that allows old	der adults to remain as independent as possible.
STRATEGIES		Lead Agency	Key Partner	1	Progress/Accomplishments
				Dates	
					Please reference objective 7.1.b
Objective 1.3: Eng	sure access to health care for seniors of a	II socio-econor	nic levels.	<u> </u>	
STRATEGIES		Lead Agency	<b>Key Partner</b>	Start/End	Progress/Accomplishments
				<u>Dates</u>	
a	Offer affordable premium-based	AHCCCS		Completed	The Affordable Care Act (ACA) provides healthcare
	insurance (i.e. Health Care Group) to small				coverage options for small businesses.
	businesses.				

Objective 1.3: Ensu	ure access to health care for seniors of a	<mark>II socio-econon</mark>	nic levels.		
STRATEGIES		Lead Agency	Key Partner	Start/End	Progress/Accomplishments
				<u>Dates</u>	
b.	Evaluate emerging technological	AHCCCS		Completed	AHCCCS offers guidance to Contractors/Health Plans in
	opportunities such as telemedicine.				the AHCCCS Medical Policy Manual Chapter 320 regarding
					parameters for the use of telemedicine in the provision of
					services. AHCCCS is also reviewing telemonitoring and its
					potential use in managing certain chronic conditions such
					as COPD.
C.	Improve accessibility to care by enhancing	AHCCCS		Completed	AHCCCS has incorporated specific language in its contract
C.	medically necessary transportation	7416665		Completed	mandating that all transportation, prior authorization and
	services.				member services representatives be trained in the
					geography of any/all GSA(s) in which the
					Contractor/Health Plan holds a contract and have access
					to mapping search engines (e.g. MapQuest, Yahoo Maps,
					Google Maps, etc.) for the purposes of authorizing
					services in, recommending providers in, and transporting
					members to the most geographically appropriate location.
d.	Improve access to care by allowing	AHCCCS		Completed	04/2014: Prior Period Coverage enrollment became
	prospective AHCCCS members to have				available to ALTCS Members in October 2006. This allows
	home and community based services				applicants to have HCBS services covered by the
	covered three months prior to the				Contractor during the period between application and
	Medicaid application and also during the				determination of eligibility. Such coverage will allow
	period between application and eligibility.				greater flexibility in choice of service site. Previously such
					coverage was limited to acute care services and nursing
					facility services. Persons awaiting discharge from hospitals
					will now be able to go home, with coverage of those
					services paid for once eligibility is determined and
					enrollment is complete. Additionally, beginning January
					2014, Prior Quarter Coverage became available to AHCCCS
					Members. The coverage can start as early as three months
					prior to the month the person applied for AHCCCS.

STRATEGIES   Lead Agency   Key Partner   Start/End   Dates   Progress/Accomplishments	
Federal requirements provide that an app	
eligible for covered services during any of months prior to the Medicaid application applicant:  1. Received one or more AHCCCS covered the month; and  2. Would have qualified for AHCCCS at the were received.  If the applicant is determined to qualify for any one or more of the three months prior of Medicaid application, then the individue determined to have "Prior Quarter Covera during those months.	the three date if the services during e time services or AHCCCS during or to the month al will be
during those months.	

#### Goal 2: Increase awareness and understanding of aging issues and help prepare Arizona for an aging population.

The role of education cannot be underestimated in planning Arizona's future. Education permeates nearly every section of the Aging 2020 Plan. Through education, the fears, myths and misconceptions about aging can be changed so that older adults, businesses, providers and Arizona, as a whole, can be free from artificial barriers that prevent all from realizing the full potential of our changing population.

Objective 2.4: Prepare the state workforce to better serve and address the needs of an aging population.									
<b>STRATEGIES</b>		Lead Agency	Key Partner	Start/End Dates	Progress/Accomplishments				
a.	Require direct care workers to meet	AHCCCS, DES	Direct Care	Completed	AHCCCS, on 10/01/12, implemented a policy mandating				
	minimum competencies to provide care.		Workforce		the training of Direct Care Workers (DCWs). As of that				
			Alliance and		date, any DCWs serving ALTCS members in their home will				
			Area		be required to have demonstrated proficiency against a				
			Agencies on		standard set of competencies, aimed at ensuring that				
			Aging		DCWs have the knowledge and skills needed to provide				
					quality care to members. This policy is the result of a multi-				
					year effort, involving the participation of agency and				
					community stakeholders as well as ALTCS members.				

#### Goal 3: Increase the ability of older adults to remain active, healthy and living independently in their communities.

Arizona has the most to gain in promoting healthy and active living for its residents, regardless of age. With greater longevity and increasing population growth, Arizona's economy can continue to prosper or be hindered due to ever-increasing health care costs due to poor health and chronic disease. Health promotion and disease prevention are just two strategies that can help us define Arizona's future.

#### Objective 3.1: Conduct research and monitor trends and outcomes to better inform policy and program development.

<b>STRATEGIES</b>		Lead Agency	Key Partner	Start/End Dates	Progress/Accomplishments
a.	Evaluate the efficiency, effectiveness, and cost-benefit of technological advancements that allow individuals to remain safely in their homes.	AHCCCS		Ongoing	No specific report for 2014. AHCCCS continues to research options for Electronic Visit Verification for home and community based services provided in a Member's home.

# Objective 3.2: Provide resources and services to promote healthy lifestyles, resulting in compressed morbidity and reduced mortality from preventable and chronic diseases.

STRATEGIES		Lead Agency	Start/End Dates	Progress/Accomplishments
a.	Collaborate with ADHS to enhance	AHCCCS	Ongoing	AHCCCS works closely with ADHS in promoting prevention
	prevention and wellness program outreach			and wellness opportunities. AHCCCS works with the
	efforts.			Chronic Disease Bureau in efforts focused on areas such as
				smoking cessation, diabetes prevention and management,
				obesity prevention, and cancer early detection and
				treatment. AHCCCS works with its Contractors/Health
				Plans to share messaging to providers and to its members
				to increase the reach of outreach across Arizona.
b.	Expand disease management programs	AHCCCS	Ongoing	During CYE 2012, AHCCCS began its transition to a vendor
	designed for chronic conditions to include			that will expand performance measures that are focused
	those at all stages of the disease process.			not only on process, but also on prevention, early
				diagnosis and also outcomes from the care and services
				delivered. The adult measures of access to care,
				prevention and early detection of breast, cervical and
				colorectal cancer have been added. In addition, measures
				focused on decreasing the emergency department,
				inpatient and re-admissions for certain disease states have

Goal	3: Increase the ability of older a	dults to rema	in active, he	ealthy and livin	g independently in their communities.
					been added such as for asthma, diabetes and behavioral health. Beginning in CYE 2014, a full array of performance measures for the elderly and disabled population will be utilized.
Objective 3.3	S: Support aging services and programs the	nat promote inde	ependence and	self determination	of choices for older adults.
<u>STRATEGIES</u>		Lead Agency	Key Partner	Start/End Dates	Progress/Accomplishments
a.	Create member-directed service model options.	AHCCCS	Various stakeholder workgroups	Completed	Member-directed options allow members to have more control over how certain services are provided, including services such as attendant care, personal care, homemaker and habilitation. The options are not a service, but rather define the way in which services are provided. The Self-Directed Attendant Care service model option was made available to ALTCS Members on 09/01/2008. Under this option, ALTCS Members have the choice of directly hiring and supervising their own attendant care worker without going through an agency. In 2010, the Arizona Administrative Code was amended to allow ALTCS Members using SDAC to direct certain skilled nursing services to their attendant care worker. The Agency with Choice service model option was made available on 01/01/13 to ALTCS Members. Under this option, ALTCS Members enter into a formal partnership agreement with the provider agency. The provider agency serves as the legal employer of the direct care worker and the ALTCS Member serves as the day-to-day manager of the direct care worker.

#### **Goal 4: Increase the safety and well-being of older Arizonans.**

Safety in our communities is important for ensuring both the health and financial well-being of older adults. With increasing numbers of older adults living in their homes and living alone, maintaining safe communities will need more attention and take new strategies.

#### **Objective 4.1:** Promote new and existing strategies to improve community safety for older adults.

CTRATECIES		Lood Aconon	Kar Bartaar	Start/End	Dua avaca / A acamandiah manuta
STRATEGIES		Lead Agency	Key Partner	<u>Dates</u>	<u>Progress/Accomplishments</u>
a.	Notify state regulatory agencies of notifications or reports of abuse, neglect, exploitation, unexpected death as well as care below standards and take appropriate actions with the provider.	AHCCCS	Key Partner  Contractors, ADHS, APS, CPS, Attorney General's Office, Licensing Boards/Agencies		Progress/Accomplishments  AHCCCS has implemented processes to require Contractors/Health Plans to conduct on-site health and safety checks of AHCCCS members in home and community based settings as well as in facilities when allegations of abuse, neglect, exploitation, unexpected death or unsafe environment are identified. Results of these onsite quality monitoring visits are shared with various regulatory agencies that are charged with ensuring health and safety.  AHCCCS or its Contractors/Health Plans may stay on site until assured that members are healthy and safe, may require corrective actions be implemented, may place a bed hold, suspend or terminate a provider based on health and safety concerns.

Objective 4.2: Strengthen efforts to prevent and respond to reports of elder mistreatment.								
<b>STRATEGIES</b>		Lead Agency	Key Partner	Start/End Dates	Progress/Accomplishments			
a.	Increase notification and reporting of abuse, neglect, exploitation and unexpected death.	AHCCCS	Contractors, ADHS, APS, CPS, Attorney General's Office	Ongoing	AHCCCS requires through its Contractor/Health Plan contracts, as well as through its medical policies, the reporting of all suspected cases of abuse, neglect, exploitation and unexpected death of AHCCCS members. Reports are investigated and if substantiated, corrective actions are implemented related to the original issue and also systemically if appropriate. All issues are tracked and trended at both the Contractor/Health Plan as well as at AHCCCS in further efforts to identify opportunities to improve the care and services delivered to ensure the health and safety of AHCCCS members.			

# Goal 5: Strengthen Arizona's economy by capitalizing on an integrated and well-trained informal, paraprofessional, and professional workforce.

With the first wake of Boomers attaining retirement age in 2006, both public and private sectors need to develop work environments and coordinate opportunities that maintain a strong, diverse paraprofessional and professional workforce with strategies that include support for workers and their family members with caregiving obligations.

#### Objective 5.1: Provide support for families in their efforts to care for their loved ones at home and in the community.

STRATEGIES		<u>Lead</u> <u>Agency</u>	Key Partner	Start/End Dates	Progress/Accomplishments
a.	Identify additional opportunities to expand home and community based services (e.g. consumer-directed care, transitional living assistance).	AHCCCS, DES	Area Agencies on Aging	Completed	Please reference objective 3.3.a for updates on consumer-directed care. In February 2011, the Community Transition Service was made available to ALTCS members. The service is a fund to assist ALTCS members living in an institutional setting to reintegrate into the community by providing financial assistance to move into their own home or apartment.
b.	Facilitate and support caregiver education and ongoing access to useful caregiver resources.	AHCCCS, DES	Area Agencies on Aging	Completed	AHCCCS, on 10/01/12, implemented a policy, mandating the training of Direct Care Workers (DCWs). As of that date, any DCWs serving ALTCS members in their home will be required to have demonstrated proficiency against a standard set of competencies, aimed at ensuring that DCWs have the knowledge and skills needed to provide quality care to members. This policy is the result of a multi-year effort, involving the participation of agency and community stakeholders as well as ALTCS members. Furthermore, the waiver for spouses to be paid as caregivers went into effect on October 1, 2007. A spouse, who is qualified to provide basic health care services to their husband or wife, can be compensated for providing services (Attendant Care, Personal Care or Homemaker). Spouses are limited to providing a maximum of 40 hours per week. Family members (including parents of adult children) are potentially eligible to serve as paid caregivers if they meet the minimum qualifications/standards for all Direct Care Workers.

Objective 5.2	Objective 5.2: Create a stable and well-trained (in aging) workforce sufficient to meet the growing care needs in Arizona.							
<b>STRATEGIES</b>		<u>Lead</u>	Key Partner	Start/End	Progress/Accomplishments			
		<u>Agency</u>		<u>Dates</u>				
a.	Cooperate with State medical schools to support professional training programs that produce gerontological specialists and fill gaps in medical service availability.	AHCCCS		Completed	AHCCCS has incorporated specific language in its contract, requiring that AHCCCS Contractors/Health Plans support medical residency and dental student training programs in the state of Arizona. The contract encourages plans to contract with or otherwise support the many Graduate Medical Education (GME) Residency Training Programs currently operating in the state and to investigate opportunities for resident participation in Contractor medical management and committee activities. Annually, AHCCCS Contractors/Health Plans are required to address workforce development and the GME program in their network planning.			
b.	Expand the use of physician extenders in underserved areas, such as nurse practitioners and physician assistants.	AHCCCS		Completed	AHCCCS regulations provide for the appropriate use of physician extenders.			

# Goal 6: Enhance the State's capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost effective manner.

Every aspect of living in Arizona may be affected by the future changes in our increasing and changing population. Housing, transportation, health care, education and other state-supported services will take shape based on the needs of our diverse population. The ability of the State to adapt to change, incorporate the use of new technology, form public-private partnerships to create and expand services to reach all corners of the state will be some of the challenges and opportunities that face Arizona as we grow.

#### Objective 6.1: Use regional and technological approaches to improve service delivery, especially to underserved areas.

STRATEGIES		<u>Lead</u>	Key Partner	Start/End	Progress/Accomplishments
STRATEGIES		<u>Agency</u>	<u>Rey Partifer</u>	<u>Dates</u>	<u>Progress/Accomplishments</u>
a.	Investigate alternatives for financing currently uncovered services, specifically vision, hearing, and dental services.	AHCCCS		Ongoing	The current economic climate requires that AHCCCS focus on the preservation of existing services.
b.	Support the infrastructure of Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) and other existing providers in underserved areas.	AHCCCS		Completed	The AHCCCS contract encourages its Contractors/Health Plans to use FQHCs/RHCs in Arizona to provide covered services. Contractors/Health Plans are also required to submit member month information for Title XIX members for each FQHC/RHC on a quarterly basis to the AHCCCS Division of Health Care Management.

#### Objective 6.2: Develop programs and approaches to close the gap in the state's current aging services infrastructure and delivery system.

STRATEGIE	<u>S</u>	Lead Agency	Key Partner	Start/End Dates	Progress/Accomplishments
6	. Explore how assisted living	AHCCCS		Completed	AHCCCS requires its ALTCS Contractors/Health Plans to develop networks that
	facilities can be used to provide				meet the needs of their membership. This includes the development of special
	services to nursing facility				programs in assisted living facilities. To address the significant growth of
	residents with special health care				persons aging out in the behavioral system, Arizona, as of 10/01/2013 has
	needs (behavioral, medically				implemented Arizona Administrative rule changes which now allow for
	involved).				licensed facilities to provide both behavioral health services as well as personal

Objective 6.2	Objective 6.2: Develop programs and approaches to close the gap in the state's current aging services infrastructure and delivery system.						
STRATEGIES		ead gency	Key Partner	Start/End Dates	Progress/Accomplishments		
					care services.		

#### **Goal 7: Promote quality of care in all aging services.**

Arizona has a diverse continuum of care delivery system for older adults who need health care and/or residential care. The foundation of the system is built on promoting independence, choice, and dignity. In 2020, with the growth and changes in Arizona's population of adults needing care and services, a central task will be ensuring quality in our health and social support systems.

#### Objective 7.1: Ensure the highest quality of care through active monitoring, assessment, and training.

STRATEGIES		Lead Agency	Key Partner	Start/End Dates	Progress/Accomplishments
a.	Require Arizona Long Term Care System (ALTCS) Contractors to submit an Annual Network Development and Management Plan that describes strategies for improvement.	AHCCCS		Completed	ALTCS Contractors/Health Plans are required, by contract, to develop and maintain a Network Development and Management Plan that ensures the adequacy and sufficiency of the Plan's provider network. The Plan is evaluated and updated annually. Additionally, AHCCCS adopted minimum network standards, and ALTCS Contractors/Health Plans are required to submit quarterly network summaries of all providers and demonstrate that they meet these standards in each service area. Recurring gaps must be addressed and explained in the annual Network Development and Management Plan. AHCCCS is evaluating policy changes to include requirements for ALTCS Contractors to identify network capacity issues but also identify the root cause of the capacity issue. When the capacity issue is a result of gaps in workforce or labor capacity, the ALTCS Contractor shall identify opportunities and implement interventions to address the workforce and labor capacity issues. Additionally, ALTCS Contractors will be required to prevent potential network capacity issues by projecting future network capacity needs based upon various factors (i.e. population growth of the aging population).

	Goal 7	: Promote quality of	f care in all aging se	ervices.
b.	Require ALTCS Contractors to involve member-provider councils in the identification of methods to improve member accessibility to services. Institute ALTCS Advisory Council.	AHCCCS	Completed	The AHCCCS contract requires that ALTCS Contractors/Health Plans establish a Member Council that will participate in providing input on policy and programs. The council must be chaired by the Contractor's Administrator/CEO or designee and must meet at least quarterly. Every effort must be made to include a cross representation of both members/families/significant others, member advocacy groups and providers that reflect the population and community served.  Members/families/significant others and member advocacy groups must make up at least 50% of the membership (new requirement for CYE 12). In December 2013, AHCCCS instituted an ALTCS Advisory Council. The ALTCS Advisory Council is made up of ALTCS Members and their family members/representatives. Additionally, representatives from ALTCS Contractors, providers and state and advocacy agencies also serve on the Council. The Council will assist the ALTCS Program to develop a work plan that addresses opportunities for new service innovations or systemic issues impacting ALTCS Members. Council Members will advise on activities aimed at making the system improvements.
c.	Prepare for the needs of a growing ethnically diverse population by promoting cultural competency in healthcare education and throughout the healthcare delivery system.	AHCCCS	Completed	The AHCCCS contract mandates that ALTCS Contractors/Health Plans develop a Cultural Competency Plan. The plans are reviewed annually by AHCCCS to ensure compliance.
d.	Develop additional incentives for Contractors/Health Plans providers of care to meet quality standards and prevention	AHCCCS	Completed	Language pertaining to Pay for Performance and other physician incentive programs has been incorporated into the AHCCCS contract with the ALTCS Contractors/Health

	Goal 7: Promote quality of care in all aging services.						
	goals (e.g., Pay for Performance strategies).				Plans. Additionally, AHCCCS incorporated language requiring ALTCS Contractors/Health Plans to develop shared savings initiatives aimed at enhancing the quality of care provided to members while also realizing cost savings.		
e.	Review and monitor State Olmstead plan and AHCCCS' work plan.	AHCCCS	DES and ADHS	Ongoing	DES/ADHS and AHCCCS have and will continue to participate in an interagency Olmstead workgroup on a quarterly basis. AHCCCS will utilize the ALTCS Advisory Council to assist them in monitoring progress and proposing revisions to the AHCCCS work plan, at a minimum, on an annual basis.		

### **Goal 8: Promote effective and responsive management for all aging services.**

To adequately serve the growing numbers of older Arizonans, changing the way the State does business must be coupled with identifying and developing new funding mechanisms, innovations in service delivery systems and expanding collaborative efforts among state agencies.

Objective 8.1: Leverage federal funds and use creative financing strategies to provide the necessary resources to address the needs of a growing aging population.

<u>STRATEGIES</u>		Lead Agency	Key Partner	Start/End Dates	Progress/Accomplishments
a.	Take advantage of federal waiver	AHCCCS		Completed	AHCCCS makes every effort, through its 1115 waiver and
	opportunities to offer flexible long term	(ALTCS)			through its contracts, policies and procedures to ensure
	care and establish principles, programs				that services are offered in the most appropriate, least
	and payments strategies that encourage				restrictive, most cost effective manner possible. The
	and support the delivery of cost-effective,				AHCCCS/ALTCS contracts and Chapters 1200 and 1600 of
	quality services in the least restrictive				the AHCCCS Medical Policy Manual clearly outline the
	settings.				commitment to these principles. Lastly, ALTCS
					Contractors/Health Plans are required to discuss their
					strategies for ensuring members are placed in the least
					restrictive setting possible in their Network Development
					and Management Plan. Please also reference objective
					7.1.d.

Objective 8.3: Use cross-agency collaboration to reduce administrative costs and maximize results.

STRATEGIES		Lead Agency	Key Partner	Start/End Dates	Progress/Accomplishments
a.	Partner with the Center for Medicare and	AHCCCS		Ongoing	AHCCCS has shown that achieving alignment between two
	Medicaid Services to integrate services for				distinct and separate programs – Medicaid and Medicare –
	dual eligible seniors.				improves the quality and lowers the cost of care provided
					to dual eligible members. The AHCCCS program has moved
					toward increasing the connection between these two
					programs within the Dual-Special Needs Plan (D-SNP)
					model by contractually requiring its Contractors/Health
					Plans to serve as Medicare D-SNPs and promoting
					enrollment or alignment of dual eligible members into the

Objective 8.3: Use cross-agency collaboration to reduce administrative costs and maximize results.					
<b>STRATEGIES</b>		Lead Agency	Key Partner	Start/End Dates	Progress/Accomplishments
					same Contractor/Health Plan for both Medicaid and Medicare to the greatest extent. To promote service integration, AHCCCS will:  Conduct an ALTCS alignment effort in 2015 for members who receive HCBS. Review care coordination efforts of each Contractor and promote best practices. Work with national organizations, stakeholders, Contractors and members to improve opportunities for integration.

Key:	Participating State Agencies and Boards
ABOR	Arizona Board of Regents
ADHS	Arizona Department of Health Services
ADOA	Arizona Department of Administration
ADOH	Arizona Department of Housing
ADOT	Arizona Department of Transportation
AG	Arizona Attorney General's Office
AHCCCS	Arizona Health Care Cost Containment System
AOT	Office of Tourism
DES	Department of Economic Security
DPS	Department of Public Safety
GACA	Governor's Advisory Council on Aging
GOA	Governor's Office on Aging